

**OmniPlus Pharmacy Claims****Prescription Number 0125956/Claim Number 151054287540072****April 15, 2015**

Patient	Insurance	Time (CT)	Claim Status	Compound Drug Label Name	Ingredient Quantity	Drug Cost	U&C	Reimbursement	Member Total
C.M.	Texas Health Resources	11:54:36 AM	Paid	AMANTADINE TAB 100MG	48	\$109.44	\$537.56	\$204.36	\$10.00
				GABAPENTIN TAB 800MG	12	\$36.37			
				LIDO/PRILOCN CRE 2.5-2.5%	72	\$110.88			
				MELOXICAM TAB 15MG	30	\$145.20			
				PCCA CUSTOM CRE LIPO-MAX	13.336	\$37.87			
				(Blank)	12	\$97.80			
		11:55:02 AM	Reversed	AMANTADINE TAB 100MG	48	\$109.44	-\$537.56	-\$204.36	-\$10.00
				GABAPENTIN TAB 800MG	12	\$36.37			
				LIDO/PRILOCN CRE 2.5-2.5%	72	\$110.88			
				MELOXICAM TAB 15MG	30	\$145.20			
				PCCA CUSTOM CRE LIPO-MAX	13.336	\$37.87			
				(Blank)	12	\$97.80			
M.L.	Aetna-PPO	12:09:05 PM	Paid	AMANTADINE TAB 100MG	120	\$273.60	\$1,348.42	\$9.08	\$458.96
				GABAPENTIN TAB 800MG	30	\$90.93			
				LIDO/PRILOCN CRE 2.5-2.5%	180	\$277.20			
				MELOXICAM TAB 15MG	75	\$363.00			
				PCCA CUSTOM CRE LIPO-MAX	33.34	\$94.69			
				(Blank)	30	\$244.50			
		12:09:41 PM	Reversed	AMANTADINE TAB 100MG	120	\$273.60	-\$1,348.42	-\$9.08	-\$458.96
				GABAPENTIN TAB 800MG	30	\$90.93			
				LIDO/PRILOCN CRE 2.5-2.5%	180	\$277.20			
				MELOXICAM TAB 15MG	75	\$363.00			
PCCA CUSTOM CRE LIPO-MAX	33.34			\$94.69					

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				(Blank)	30	\$244.50			
J.R.	Aetna-PPO	12:26:25 PM	Rejected	BACLOFEN POW	6	\$231.96	\$2,492.73	\$0.00	\$0.00
				CYCLOBENZAPR POW HCL	6	\$302.88			
				GABAPENTIN POW	18	\$1,063.08			
				LIDOCAINE POW	6	\$25.62			
				PCCA CUSTOM CRE LIPO-MAX	255	\$724.20			
				DICLOFENAC POW SODIUM	9	\$144.99			
		12:29:37 PM	Rejected	BACLOFEN POW	6	\$231.96	\$2,492.73	\$0.00	\$0.00
				CYCLOBENZAPR POW HCL	6	\$302.88			
				GABAPENTIN POW	18	\$1,063.08			
				LIDOCAINE POW	6	\$25.62			
				PCCA CUSTOM CRE LIPO-MAX	255	\$724.20			
				DICLOFENAC POW SODIUM	9	\$144.99			
		12:30:56 PM	Rejected	BACLOFEN POW	6	\$224.10	\$2,408.25	\$0.00	\$0.00
				CYCLOBENZAPR POW HCL	6	\$292.62			
				GABAPENTIN POW	18	\$1,027.08			
				LIDOCAINE POW	6	\$25.62			
				PCCA CUSTOM CRE LIPO-MAX	255	\$698.70			
				DICLOFENAC POW SODIUM	9	\$140.13			
		12:31:32 PM	Rejected	BACLOFEN POW	6	\$224.10	\$2,408.25	\$0.00	\$0.00
				CYCLOBENZAPR POW HCL	6	\$292.62			
				GABAPENTIN POW	18	\$1,027.08			
				LIDOCAINE POW	6	\$25.62			

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				PCCA CUSTOM CRE LIPO-MAX	255	\$698.70				
				DICLOFENAC POW SODIUM	9	\$140.13				
		12:36:06 PM	Rejected	BACLOFEN POW	6	\$224.10	\$2,408.25	\$0.00	\$0.00	
				CYCLOBENZAPR POW HCL	6	\$292.62				
				GABAPENTIN POW	18	\$1,027.08				
				LIDOCAINE POW	6	\$25.62				
				PCCA CUSTOM CRE LIPO-MAX	255	\$698.70				
				DICLOFENAC POW SODIUM	9	\$140.13				
W.M.	Aetna-PPO	12:36:06 PM	Rejected	BACLOFEN POW	6	\$231.96	\$2,497.23	\$1,362.17	\$10.00	
				CYCLOBENZAPR POW HCL	6	\$302.88				
				GABAPENTIN POW	18	\$1,063.08				
				LIDOCAINE POW	6	\$25.62				
				PCCA CUSTOM CRE LIPO-MAX	255	\$724.20				
				DICLOFENAC POW SODIUM	9	\$144.99				
		12:42:53 PM	Rejected	BACLOFEN POW	6	\$231.96	\$1,773.03	\$1,362.17	\$10.00	
				CYCLOBENZAPR POW HCL	6	\$302.88				
				GABAPENTIN POW	18	\$1,063.08				
				LIDOCAINE POW	6	\$25.62				
				DICLOFENAC POW SODIUM	9	\$144.99				
		12:55:18 PM	Paid	BACLOFEN POW	6	\$231.96	\$1,773.03	\$89.27	\$1,282.90	
				CYCLOBENZAPR POW HCL	6	\$302.88				
				GABAPENTIN POW	18	\$1,063.08				

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Patient	Insurance	Time (CT)	Claim Status	Compound Drug Label Name	Ingredient Quantity	Drug Cost	U&C	Reimbursement	Member Total
				LIDOCAINE POW	6	\$25.62			
				DICLOFENAC POW SODIUM	9	\$144.99			
		12:55:52 PM	Reversed	BACLOFEN POW	6	\$231.96	-\$1,773.03	-\$89.27	- \$1,282.90
				CYCLOBENZAPR POW HCL	6	\$302.88			
				GABAPENTIN POW	18	\$1,063.08			
				LIDOCAINE POW	6	\$25.62			
				DICLOFENAC POW SODIUM	9	\$144.99			

**OmniPlus Pharmacy Claims for Rhonda Head**  
**Genenotech, Inc.**  
**April 15, 2015**

Time (CT)	Claim Status	Compound Drug Label Name	Ingredient Quantity	Drug Cost	U&C	Reimbursement	Member Total
3:42:08 PM	Rejected	RESVERATROL POW 98%	6	\$5,083.98	\$5,089.95	\$3,961.98	\$15.00
		VITAMIN D3 POW	0.6	\$1.47	\$5,089.95	\$3,961.98	\$15.00
3:42:35 PM	Paid	RESVERATROL POW 98%	6	\$5,083.98	\$5,088.48	\$3,961.98	\$15.00
3:42:44 PM	Reversed	RESVERATROL POW 98%	6	\$5,083.98	-\$5,088.48	-\$3,961.98	-\$15.00

## Accu-Care Pharmacy Claims for Brenda Jackson

### Employees Retirement System (FEP), April 15, 2015

Time (PT)	Claim Status	Compound Drug Label Name	Ingredient Quantity	Drug Cost	U&C	Reimbursement	Member Total
12:02:55 PM	Rejected	BACLOFEN POW	6	\$213.78	\$5,983.77	\$0.00	\$0.00
		CYCLOBENZAPR POW HCL	6	\$259.98			
		GABAPENTIN POW	18	\$1,077.30			
		LIDOCAINE POW	7.5	\$32.06			
		STERA BASE CRE	162.5	\$2,193.75			
		FLURBIPROFEN POW	60	\$2,194.80			
		PROPYLENE LIQ GLYCOL	40	\$7.60			
12:06:04 PM	Rejected	GABAPENTIN TAB 800MG	30	\$90.90	\$1,252.66	\$496.16	\$45.00
		TOPIRAMATE TAB 200MG	30	\$244.50			
		LIDO/PRILOCN CRE 2.5-2.5%	180	\$275.40			
		AMANTADINE TAB 100MG	120.001	\$273.98			
		MELOXICAM TAB 15MG	75	\$363.38			
12:06:16 PM	Rejected	GABAPENTIN TAB 800MG	30	\$90.90	\$1,702.75	\$496.16	\$45.00
		TOPIRAMATE TAB 200MG	30	\$244.50			
		LIDO/PRILOCN CRE 2.5-2.5%	180	\$275.40			
		AMANTADINE TAB 100MG	120.001	\$273.98			
		STERA BASE CRE	33.341	\$450.09			
		MELOXICAM TAB 15MG	75	\$363.38			
12:11:48 PM	Paid	GABAPENTIN TAB 800MG	30	\$5.00	\$500.00	\$53.44	\$45.00
		TOPIRAMATE TAB 200MG	30	\$10.00			
		LIDO/PRILOCN CRE 2.5-2.5%	180	\$20.00			
		AMANTADINE TAB 100MG	120.001	\$15.00			
		MELOXICAM TAB 15MG	75	\$450.00			
12:12:14 PM	Reversed	GABAPENTIN TAB 800MG	30	\$5.00	-\$500.00	-\$53.44	-\$45.00
		TOPIRAMATE TAB 200MG	30	\$10.00			
		LIDO/PRILOCN CRE 2.5-2.5%	180	\$20.00			
		AMANTADINE TAB 100MG	120.001	\$15.00			
		MELOXICAM TAB 15MG	75	\$450.00			